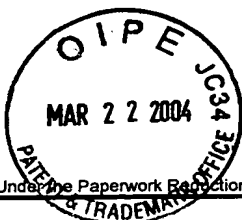


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|  |  |                          |                        |
|--|--|--------------------------|------------------------|
| <b>FEE TRANSMITTAL</b><br><b>for FY 2004</b><br><small>Effective 10/01/2003, Patent fees are subject to annual revision.</small> |  | <b>Complete if Known</b> |                        |
|  |  | Application Number       | 10/010408-Conf. #6101  |
|  |  | Filing Date              | December 7, 2001       |
|  |  | First Named Inventor     | John J. CASTELLOT, Jr. |
|  |  | Examiner Name            | James Martinell        |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Art Unit                 | 1631                   |
| <b>TOTAL AMOUNT OF PAYMENT</b>   |  | ( <b>\$</b> )            | 902.00                 |
|  |  | Attorney Docket No.      | MBI-004CN              |

| <b>METHOD OF PAYMENT</b> (check all that apply)   |              | <b>FEE CALCULATION</b> (continued)       |                  |  |                      |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
|---|--------------|--|------------------|--|----------------------|-----------------|------------|----------|--------|--------------------|-----|------------------------|------------------|--------------------|------|----------|--------|-----------------------------------|--|------|------|-----|-----|---------------------------------------|--|------|------|-----|-----|--|--|------|------|-----|----|--|--|---------------------|--|--|--|--|----------------------|--|--|--|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None   |              | <b>3. ADDITIONAL FEES</b>                |                  |  |                      |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
| <input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: 12-0080<br>Deposit Account Name: Lahive & Cockfield, LLP  |              |  |                  |  |                      |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
| <b>The Director is authorized to:</b> (check all that apply)  |              |  |                  |  |                      |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments   |              |  |                  |  |                      |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)  |              |  |                  |  |                      |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  |              |  |                  |  |                      |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
| <b>FEE CALCULATION</b>  |              |  |                  |  |                      |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
| <b>1. BASIC FILING FEE</b>  |              |  |                  |  |                      |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
| <table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001</td><td>2001</td><td>770</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>2002</td><td>340</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>2003</td><td>530</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>2004</td><td>770</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>2005</td><td>160</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5"><b>SUBTOTAL (1)</b></td><td>(<b>\$</b>) 0.00</td></tr></tbody></table>   |              | Large Entity                             | Small Entity     | Fee Code   | Fee (\$)             | Fee Description | Fee Paid   | 1001     | 2001   | 770                | 385 | Utility filing fee     |                  | 1002               | 2002 | 340      | 170    | Design filing fee                 |  | 1003 | 2003 | 530 | 265 | Plant filing fee                      |  | 1004 | 2004 | 770 | 385 | Reissue filing fee                                 |  | 1005 | 2005 | 160 | 80 | Provisional filing fee                                     |  | <b>SUBTOTAL (1)</b> |  |  |  |  | ( <b>\$</b> ) 0.00   |  |  |  |  |
| Large Entity  | Small Entity | Fee Code                                 | Fee (\$)         | Fee Description  | Fee Paid             |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
| 1001  | 2001         | 770                                      | 385              | Utility filing fee   |                      |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
| 1002  | 2002         | 340                                      | 170              | Design filing fee  |                      |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
| 1003  | 2003         | 530                                      | 265              | Plant filing fee   |                      |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
| 1004  | 2004         | 770                                      | 385              | Reissue filing fee   |                      |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
| 1005  | 2005         | 160                                      | 80               | Provisional filing fee                                     |                      |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
| <b>SUBTOTAL (1)</b>   |              |  |                  |  | ( <b>\$</b> ) 0.00   |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>  |              |  |                  |  |                      |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
| <table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>37</td><td>-20** = 20</td><td>x 9.00 =</td><td>153.00</td></tr><tr><td>Independent Claims</td><td>6</td><td>-3** = 3</td><td>x 43.00 = 129.00</td></tr><tr><td>Multiple Dependent</td><td></td><td>145.00 =</td><td>145.00</td></tr></tbody></table>   |              | Total Claims                             | Extra Claims     | Fee from below   | Fee Paid             | 37              | -20** = 20 | x 9.00 = | 153.00 | Independent Claims | 6   | -3** = 3               | x 43.00 = 129.00 | Multiple Dependent |      | 145.00 = | 145.00 |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
| Total Claims  | Extra Claims | Fee from below                           | Fee Paid         |  |                      |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
| 37  | -20** = 20   | x 9.00 =                                 | 153.00           |  |                      |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
| Independent Claims  | 6            | -3** = 3                                 | x 43.00 = 129.00 |  |                      |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
| Multiple Dependent  |              | 145.00 =                                 | 145.00           |  |                      |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
| <table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1202</td><td>2202</td><td>18</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>2201</td><td>86</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>2203</td><td>290</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>2204</td><td>86</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>2205</td><td>18</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5"><b>SUBTOTAL (2)</b></td><td>(<b>\$</b>) 427.00</td></tr></tbody></table> |              | Large Entity                             | Small Entity     | Fee Code   | Fee (\$)             | Fee Description | Fee Paid   | 1202     | 2202   | 18                 | 9   | Claims in excess of 20 |                  | 1201               | 2201 | 86       | 43     | Independent claims in excess of 3 |  | 1203 | 2203 | 290 | 145 | Multiple dependent claim, if not paid |  | 1204 | 2204 | 86  | 43  | ** Reissue independent claims over original patent |  | 1205 | 2205 | 18  | 9  | ** Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> |  |  |  |  | ( <b>\$</b> ) 427.00 |  |  |  |  |
| Large Entity  | Small Entity | Fee Code                                 | Fee (\$)         | Fee Description  | Fee Paid             |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
| 1202  | 2202         | 18                                       | 9                | Claims in excess of 20                                     |                      |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
| 1201  | 2201         | 86                                       | 43               | Independent claims in excess of 3                          |                      |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
| 1203  | 2203         | 290                                      | 145              | Multiple dependent claim, if not paid                      |                      |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
| 1204  | 2204         | 86                                       | 43               | ** Reissue independent claims over original patent         |                      |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
| 1205  | 2205         | 18                                       | 9                | ** Reissue claims in excess of 20 and over original patent |                      |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
| <b>SUBTOTAL (2)</b>   |              |  |                  |  | ( <b>\$</b> ) 427.00 |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
| **or number previously paid, if greater; For Reissues, see above  |              |  |                  |  |                      |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
|   |              | <b>Other fee (specify)</b>               |                  |  |                      |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
|   |              | <b>*Reduced by Basic Filing Fee Paid</b> |                  |  |                      |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |
|   |              | <b>SUBTOTAL (3)</b> ( <b>\$</b> ) 475.00 |                  |  |                      |                 |            |          |        |                    |     |                        |                  |                    |      |          |        |                                   |  |      |      |     |     |                                       |  |      |      |     |     |  |  |      |      |     |    |  |  |                     |  |  |  |  |                      |  |  |  |  |

|                     |                |                                   |                |
|---------------------|----------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                | <b>(Complete if applicable)</b>   |                |
| Name (Print/Type)   | Hathaway Pease | Registration No. (Attorney/Agent) | 46,488         |
| Signature           |                | Telephone                         | (617) 227-7400 |
|                     |                | Date                              | March 22, 2004 |



03-24-04  
May

1631  
#

PTO/SB/22 (08-03)

Approved for use through 7/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**

Docket No. (Optional)  
MBI-004CN

In re Application of John J. CASTELLOT, Jr.

Application Number  
10/010408-Conf. #6101

Filed  
December 7, 2001

For: NOVEL HEPARIN-INDUCED CCN-LIKE MOLECULES AND USE THEREFOR

Art Unit 1631

Examiner James Martinell

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

|                                     |                                  |    |        |
|-------------------------------------|----------------------------------|----|--------|
| <input type="checkbox"/>            | One month (37 CFR 1.17(a)(1))    | \$ |        |
| <input type="checkbox"/>            | Two months (37 CFR 1.17(a)(2))   | \$ |        |
| <input checked="" type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ | 950.00 |
| <input type="checkbox"/>            | Four months (37 CFR 1.17(a)(4))  | \$ |        |
| <input type="checkbox"/>            | Five months (37 CFR 1.17(a)(5))  | \$ |        |

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 475.00

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number

☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) 46,488

March 22, 2004

Date

(617) 227-7400

Telephone Number

Signature

Hathaway Pease

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of 1 forms are submitted.

03/25/2004 WABDELRI 00000093 120080 10010408

01 FC:2253 475.00 DA